Application for the Construction of New and Substantially Modified Aboveground Petroleum Storage Tank (AST) Systems

New Hampshire Department of Environmental Services
Waste Management Division
P.O. Box 95, 29 Hazen Drive
Concord, New Hampshire 03302-0095
(603) 271-3644, FAX (603) 271-2181

INSTRUCTIONS	STATE USE ONLY
At least 45 days prior to commencing the construction or installation of a new or replacement AST system having a capacity of more than 660 gallons, or a new or replacement underground or over-water piping system, the owner shall submit this completed application along with a complete set of plans that have been prepared and stamped by a New Hampshire licensed professional engineer to DES at the above address and to the Municipal Fire Chief.	Facility No. _____ Date Received _____ Municipal Notif. _____ Date Issued

CERTIFICATION OF MUNICIPAL NOTIFICATION

To meet the requirements of RSA 541-A:39, the undersigned certifies that on (date) _____, a copy of this completed application was mailed to the Fire Chief of (municipality of proposed AST facility) _____.

Signed: _____ Date: _____

Name and distance to nearest surface water: _____

This application must include a locus identifying all water wells, surface water bodies, and source water protection areas within 500-feet of the proposed AST system(s) pursuant to Env-Wm 1402.17(b)(6).

OWNERSHIP OF TANK(S)	LOCATION OF TANK(S)
_____ Tank Owner Name	_____ Facility Name
_____ Mailing Address	_____ Street Address
_____ _____ _____ City State Zip Code	_____ _____ _____ City State Zip Code
_____ _____ Phone Number E-Mail Address	_____ County

LAND OWNER (If different than Tank Owner)	CONTACT PERSON (In Charge of Tank(s))
_____ Land Owner Name	_____ Contact Name and Title
_____ Mailing Address	_____ Mailing Address
_____ _____ _____ City State Zip Code	_____ _____ _____ City State Zip Code
_____ _____ Phone Number E-Mail Address	_____ _____ Phone Number E-Mail Address

Does this facility have existing AST(s)? _____(Yes/No)	Existing Facility No.: _____

RETURN COMPLETED APPLICATION TO THE ADDRESS ABOVE

To facilitate the review process and reduce review time, please provide as much of the following information as possible, where applicable. Incomplete or missing information may be cause for rejection of submittal and/or extend review time.

I. FACILITY PLAN

THE FACILITY PLAN SHALL COMPLY WITH ENV-WM 1402.17, "REQUIREMENTS FOR APPROVAL OF AST SYSTEMS AND PIPING".

The Facility/System Plan shall include:

(A) An accurate scaled diagram (22" X 34") showing a plan view of tank location(s), all piping, transfer areas, structures, appurtenances, north arrow, **a locus identifying all water wells, surface water bodies, and source water protection areas within 500 feet,** and 100 year flood plain information.

(B) A detailed tank diagram (22" X 34") showing secondary containment, leak detection, product type, piping (indicate slope and backfill requirements if underground), transition and dispenser sumps, piping termination details, flex connectors, foundation, cradles, atmospheric and emergency vents, gauges, high level alarms, automatic fill shut off devices, spill boxes, check valves, solenoid valves, anti siphon valves, transfer pads, positive limiting barriers, marking and coating requirements, specifications, and complete engineering designs and documentation.

(C) Description of the AST including whether it is new or used, capacity, construction, UL rating, manufacturers name and address, model number, supplier's name and address, and any other supporting documentation on equipment and materials as necessary to describe the facility.

(D) Dated and signed New Hampshire professional engineer stamp on each page.

(E) Site location (locus) map or USGS 7.5 minute series map.

(F) Cut sheets of specified system appurtenances.

II. TANK INFORMATION

ALL TANKS SHALL COMPLY WITH ENV-WM 1402.18, "TANK STANDARDS FOR NEW AST SYSTEMS."

	TANK #:	TANK #:	TANK #:	TANK #:	TANK #:
Capacity in Gallons (nominal/actual)					
Horizontal or Vertical tank?					
Is tank new or used? (If used, the tank must be certified per Env-Wm 1402.16(b))					
Shop-fabricated or Field-erected?					
Tank diameter					
Tank height/length					
Product to be stored					
Tank Manufacturer					
Foundation Type					
Is tank double walled?					
UL rating of tank					
Is tank in contact with the soil or concrete?					
Is tank installed in a below grade vault?					

III. PIPING INFORMATION

ALL PIPING SHALL COMPLY WITH ENV-WM 1402.19, "PIPING STANDARDS FOR NEW AST SYTEMS".

A. ABOVE GROUND PIPING (check as applicable) ☐ Pressurized Piping ☐ Suction Piping

Manufacturer's Name _____ Material of Construction:-_____

Manufacturer's Part Number(s): _____

Pipe Size: (if more than one size give range): _____

Pipe Schedule: _____

Method of Assembly: _____

Type of pipe support and average spacing: _____

Number of and type of valves: _____

How will tank be protected from siphoning? _____

B. BELOW GROUND & OVER WATER PIPING (check as applicable) ☐ Pressurized Piping ☐ Suction Piping

ALL PIPING LOCATED IN CONTACT WITH THE GROUND, BELOW GROUND, AND OVER WATER SHALL COMPLY WITH ENV-WM 1402.22, "SECONDARY CONTAINMENT FOR NEW PIPING FOR AST SYTEMS".

1. PIPING

	PRIMARY	SECONDARY
Manufacturer's Name		
Manufacturer Model Number		
Material of Construction		
Pipe Size: (if more than one size give range)		
Pipe Schedule		
How will tank be protected from siphoning?		
Type of pipe support and average spacing (Marina)		
Line Leak Detector (Pressurized Piping)		

2. CONTAINMENT SUMP(S)

ALL PIPING SYSTEMS WITH SECONDARY CONTAINMENT SHALL BE PITCHED TO DIRECT ANY LEAKAGE FROM PRIMARY PIPING TO A LIQUID TIGHT CONTAINMENT SUMP MONITORED FOR LEAKS PERSUANT TO ENV-WM 1402.22(c).

Manufacturer Name: _____ Manufacturer Model No. :_____

Material of Construction: _____ Sump sensor manufacturer:_____

Sump sensor part number: _____

3. DISPENSER SUMP(S)

DISPENSING SYSTEMS SUPPLIED BY UNDERGROUND OR OVERWATER PIPING SHALL BE EQUIPED WITH A LIQUID TIGHT CONTAINMENT SUMP MONITORED FOR LEAKS PERSUANT TO ENV-WM 1402.22(d).

Manufacturer Name: _____ Manufacturer Model No. :_____

Material of Construction: _____ Sump sensor manufacturer:_____

Sump sensor part number: _____

IV. CATHODIC PROTECTION

ALL TANK SHELLS AND STEEL PIPING IN CONTACT WITH SOIL SHALL BE CATHODICALLY PROTECTED PURSUANT TO ENV-WM 1402.20, "CORROSION PROTECTION FOR NEW STEEL TANKS AND PIPING"

A. Type of Cathodic Protection System (circle one): Sacrificial Anodes Impressed Current Other (Describe)

_____

B. Brief Description of Cathodic Protection System (e.g. types of anodes, spacing, rectifier power, etc)

_____

_____

_____

_____

_____

C. Designer of Cathodic Protection System:

Name: _____ Company: _____

Address: _____

Phone Number: _____

Certifying Organization (NACE International, P.E., etc.): _____ Certification Number: _____

V. SECONDARY CONTAINMENT

ALL TANK SYSTEMS SHALL COMPLY WITH ENV-WM 1402.21, "SECONDARY CONTAINMENT FOR NEW AST SYSTEMS"

A. Type of Secondary Containment (e.g. Portland cement concrete dike, soil berm, dike tank, double-walled tank, remote impoundment, etc.)

_____

B. Will tank be located inside a building? (Circle one)

YES NO

C. What is the volume of secondary containment? (In gallons)

_____

D. Is secondary containment protected from rain/snowfall? NO YES If so, how? (Circle one)

_____ _____

E. How will accumulated stormwater be handled?

_____

_____

_____

_____

_____

VI. OVERFILL PROTECTION

ALL TANK SYSTEMS SHALL COMPLY WITH ENV-WM 1402.24, "OVERFILL PROTECTION"

A. What kind of gauge(s) will be installed on the tank system(s)? NOTE: Please include a cut sheet detailing the specifications of the gauge and show the location of the proposed gauge(s) on the plan.

_____ _____
Manufacturer Model Number

B. What kind of high level alarm system(s) will be installed on the tank(s)? NOTE: Please include a cut sheet detailing the specifications of the high level alarm system and show the location of the system sensors and the audible and visible alarm enunciators.

_____ _____
Manufacturer Model Number

C. Where will the light and audible alarm be located? _____

D. At what height from the bottom of the tank will the high level alarm be activated?

TANK #:	TANK #:	TANK #:	TANK #:	TANK #:

E. If a double walled tank, what type of automatic fill shutoff system will be used as a tertiary means for preventing an overfill (if required pursuant to Env-Wm 1402.21(h))?

_____ _____
Manufacturer Model Number

F. At what height from the bottom of the tank will the fill shut off system be activated?

TANK #:	TANK #:	TANK #:	TANK #:	TANK #:

VII. INTERSTITIAL LEAK MONITORING:

ALL DOUBLEWALLED TANK AND PIPING SYSTEMS SHALL COMPLY WITH ENV-WM 1402.25, "INTERSTITIAL LEAK MONITORING FOR NEW AST SYSTEMS".

List Location, Manufacturer, and Model Number of all Interstitial Leak Monitoring Systems

LOCATION:	MANUFACTURER:	MODEL NUMBER:

VIII. SPILL PREVENTION CONTROL AND COUNTERMEASURE (SPCC) PLANS

PERSUANT TO ENV-WM 1402.30, THE FACILITY OWNER SHALL PREPARE AND IMPLEMENT A SPILL PREVENTION, CONTROL, AND COUNTERMEASURE (SPCC) PLAN IN ACCORDANCE WITH 40 CFR PART 112. SPCC PLANS SHALL BE CERTIFIED BY A NEW HAMPSHIRE LICENSED PROFESSIONAL ENGINEER.

IX. ENGINEER OF RECORD AND CONTRACTOR/INSTALLER INFORMATION

ENGINEER OF RECORD:

NAME:_____

COMPANY:_____

ADDRESS: _____

_____

PHONE NUMBER: _____

E-MAIL ADDRESS: _____

NEW HAMPSHIRE PE LICENSE NUMBER: _____

CONTRACTOR/INSTALLER:

NAME: _____

COMPANY: _____

ADDRESS: _____

_____

PHONE NUMBER: _____

E-MAIL ADDRESS :_____

ICC CERTIFICATION NUMBER: _____

NEW HAMPSHIRE DEPARTMENT OF Environmental Services